OEHE Course Registration Form

Yukon-Kuskokwim Health Corporation
Office of Environmental Health
P.O. Box 528 Bethel, AK 99559
Phone: 907-543-6420 or 800-478-6599
Fax: 907-543-6425
Brian_berube@ykhc.org

YKHC

Level 1 Water Systems Training
May 4-8, 2015

Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip:_____

Email Address : _____

Work Phone: _____ Work Fax: _____ Home Phone: _____

Employer: _____ Supervisor/Authority's Name: _____

Training Information

Date/Time:

Monday-Friday, May 4-8, 2015

8 am-5 pm Mon. through Thurs.

8 am-12 pm Fri.

Training Location:

Yuut Elitnaurviat, 610 Akiachak Drive

Bethel, AK 99559

Lodging Location:

Yuut Elitnaurviat Dorms

*Lodging will only be provided Sun., May 3 through Thurs., May 7.

Fees:
Refundable Deposit: $200 (due with registration)

Exam Fee: $20/App, $30 per Exam (due at training)
Checks made payable to: *YKHC-OEHE*

Meals:

Breakfast and Lunch will be provided Monday-Thursday. No lunch will be served on Friday, and no dinners provided.

REFUNDABLE $200 APPLICATION FEE

A **refundable** $200 check will be required with each application/registration form.
- ☐ It will be refunded after the training is completed.
- ☐ Registration will not be confirmed until payment is received.
- ☐ **No refunds will be given to operators who forget their books.** New ones will have to be given to them to participate in the class.

Operators should plan to arrive in Bethel on Sunday, May 3 and depart Friday, May 8 in the afternoon. OEHE will only provide lodging Sunday-Thursday nights.

No meals will be provided on Sunday. No lunch will be served on Friday. No dinners will be provided.

EXAM INFORMATION: $20 Application Fee

Check the box next to the exam(s) you wish to register for:
- ☐ **Water Treatment Provisional/1—$30**
- ☐ **Water Distribution Provisional/1—$30**

By signing this document, I understand the conditions under which the training is offered, and by my signature, I agree to the conduct policy and training policy changes.

Applicant's Signature:_____ Date:_____

Supervisor/Authority's Signature:_____ Date:_____

Mail completed OEHE Course Registration Form <u>AND</u> $300 deposit check to:
YKHC-OEHE, PO Box 528, Bethel, AK 99559
Registration will not be confirmed until payment is received!
Registration forms and deposits must be received by April 22, 2015